

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: Paper

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: AKT3 INHIBITORS

Attorney Docket Number:: 59516-47/PP-01699

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?: No

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency:: No

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

First Applicant Information

| | |
|---|--------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Christoph |
| Middle Name:: | |
| Family Name:: | Reinhard |
| Name Suffix:: | |
| City of Residence:: | Alameda |
| State or Province of Residence:: | CA |
| Country of Residence:: | US |
| Street of mailing address:: | 4560 Horton Street |
| City of mailing address:: | Emeryville |
| State or Province of mailing address:: | CA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 94608 |

Second Applicant Information

| | |
|----------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Anne |
| Middle Name:: | B. |
| Family Name:: | Jefferson |
| Name Suffix:: | |
| City of Residence:: | Oakland |
| State or Province of Residence:: | CA |

Country of Residence:: US
 Street of mailing address:: 4560 Horton Street
 City of mailing address:: Emeryville
 State or Province of mailing address:: CA
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 94608

Correspondence Information

Correspondence Customer Number:: **22504**
 Name::
 Street of mailing address::
 City of mailing address::
 State or Province of mailing address::
 Country of mailing address::
 Postal or Zip Code of mailing address::
 Phone number::
 Fax Number:
 E-Mail address::

Representative Information

| | | |
|----------------------------------|--|--------------|
| Representative Customer Number:: | | 22504 |
|----------------------------------|--|--------------|

Domestic Priority Information

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|------------------|-------------------|----------------------|----------------------|
| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Division of | 09/851,670 | 05/08/01 |

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|----------------|---|----------------------|----------------------|
| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| 09/851,670 | An application claiming the benefit under 35 USC § 119(e) | 60/203,543 | 05/10/00 |
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Foreign Priority Information

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|-----------|----------------------|---------------|--------------------|
| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
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Assignee Information

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|---|--------------------|
| Assignee name:: | Chiron Corporation |
| Street of mailing address:: | 4560 Horton Street |
| City of mailing address:: | Emeryville |
| State or Province of mailing address:: | CA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 94608 |